

4055

PLACE OF BIRTH
 County of Gila
 District of _____
 Town of Globe
 or
 City of _____

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 130
 Co. Register No. 326
 Local Registrar's No. _____

(No. _____ St. _____ Ward)

FULL NAME OF CHILD Still Birth - at 6th month { Born } ☒
 If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive } NO

Sex of Child <u>M</u>	Twin, Triplet or other _____	and _____	Number in order of birth <u>1</u>	Legitimate? <u>y</u>	Date of Birth <u>June 4 1920</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Claude Craig</u>			Full Maiden Name <u>Emma Stark</u>		
Residence <u>Tonto & High St. Globe</u>			Residence <u>Tonto & High St. Globe</u>		
Color or Race <u>W</u>	Age at last Birthday <u>45</u> (Years)		Color or Race <u>W</u>	Age at last Birthday <u>37</u> (Years)	
Birthplace <u>Joplin Mo</u>			Birthplace <u>Reynolds Co. Texas</u>		
Occupation <u>miner</u>			Occupation <u>Housewife</u>		

Number of child of this mother _____ Number of Children, of this mother, now living 4 Were precautions taken against Ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of the above child; and that it occurred on June 4 1920, at 3 AM.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) N. H. Horstman
 (Attending physician, midwife, householder. *)

Given or Christian name added from a supplemental report _____ 191 _____

Address Globe Ariz

Filed 6-5-20 1920

B. G. Fox
 LOCAL REGISTRAR.

037-604-522
 COUNTY REGISTRAR.

A True Copy
 Filed 7/1 1920

B. G. Fox
 COUNTY REGISTRAR.